STATE OF WISCONSIN, CIRCUIT COURT, DECEDEN	For Official Use	
IN THE MATTER OF THE ESTATE OF	☐ Amended	
WILLIAM ELLIOTT,	Estate Receipt ☑ Informal Administration ☐ Formal Administration	SAMPLE
deceased	Case No. <u>11PR111</u>	
I received from the	special administrator of this esta	te the following:
Describe items of	property or monies received	
Cash		\$ 3,277.42
 □ 2. This is a □ partial □ full distribution of my sl □ 3. This is a full satisfaction of the claim filed by Some □ 4. This is a distribution of funds to trust. (Identify Trust) 	eplace Hospital in the amour	
☐ 5. Other:		
	Someplace Hospital Name Printed 100 Twelfth Street	or Typed
Form completed by: (Name) Mary Smith	Someplace, WI 51111	ess
Address 555 Blank Street Someplace, WI 51111	December 2, 2011 Date	Э
Telephone Number (If any) (715) 999-9999 N/A		
PR-1815, 03/12 Estate Receipt (Informal Administration or Formal Ad This form shall not be modified. It	Iministration) §§863.41, 865.21, and 8 t may be supplemented with additional mate	67.21, Wisconsin Statutes erial.

STATE OF WISCONSIN, CIRCUIT COURT, <u>DECEDENT'S COUNTY</u> COUNTY			For Official Use		
IN T	HE MATTER OF THE ESTAT	E OF	☐ Amended		
	LIAM ELLIOTT,		Estate Recei ☑ Informal Adm ☐ Formal Admi Case No. 11PR111	ninistration nistration	SAMPLE
1	. I received from the 🛛 pers	sonal representative	special administrator	of this estat	e the following:
		Describe items of p	roperty or monies receiv	ed	
	Toy Train Sets 100 shares GHI Company Household furnishings, tools, r 1/4 residual share	iding lawn tractor, jewel	Iry		\$2,500.00 5,831.00 7,850.00 38,709.82
	t. This is a ☐ partial ☒ full This is a full satisfaction of the	-		n the amount	t of \$
□ 4	. This is a distribution of funds	to trust. (Identify Trust)			·
⊠ 5	. Other: Personal Representative	e's fee waived			
			<u> </u>	Signatu	re
			Mary Smith	Name Printed	or Typed
			555 Blank Street		
			555 Blank Succi	Addres	s
	form completed by: (Name) Mary Smith		Someplace, WI 5111	1	
5 S	ddress 55 Blank Street omeplace, WI 51111		December 28, 2011	Date	
	elephone Number 715) 999-9999	Bar Number (If any) N/A			

PR-1815, 03/12 Estate Receipt (Informal Administration or Formal Administration) §§863.41, 865.21, and 867.21, Wisconsin Statutes

This form shall not be modified. It may be supplemented with additional material.

STA	TE OF WISCONSIN, CIRCUIT	Γ COURT, (DECEDEN	NT'S COUNTY) COUNTY	For Official Use
IN T	HE MATTER OF THE ESTAT	E OF	☐ Amended	
<u>WILI</u>	LIAM ELLIOTT,		Estate Receipt ☐ Informal Administration ☐ Formal Administration Case No. 11PR111	SAMPLE
1.	I received from the 🛛 pers	sonal representative	special administrator of this esta	te the following:
		Describe items of p	property or monies received	
	150 sh. EDF 311 sh. XYZ 100 sh. Ltd Foods 200 sh. ACME 1/4 residual share			\$ 2,284.50 4,546.82 12,011.00 4,910.00 38,709.82
□ 3.		ne claim filed by	nare of the estate in the amoun William Decedent Trust f/b/o John Miller	
☐ 5.	Other:			·
			Signat Mary Smith, Trustee Name Printed	
			555 Blank Street Addre	ess
	orm completed by: (Name)		Someplace, WI 51111	
55 Se	ddress 55 Blank Street omeplace, WI 51111		December 28, 2011 Date	€
	elephone Number 15) 999-9999	Bar Number (If any) N/A		

PR-1815, 03/12 Estate Receipt (Informal Administration or Formal Administration) §§863.41, 865.21, and 867.21, Wisconsin Statutes

This form shall not be modified. It may be supplemented with additional material.

STATE OF WISCONSIN, CIRCUIT COURT, (DECEDENT'S COUNTY) COUNTY				For Official Use
IN T	HE MATTER OF THE ESTA	TE OF	☐ Amended	
WILLIAM ELLIOTT,		Estate Receipt ☑ Informal Administration ☐ Formal Administration	SAMPLE	
decea	ased		Case No. <u>11PR111</u>	
1.	I received from the 🛛 pe	ersonal representative	special administrator of this esta	te the following:
	Descri	be items of property of	or monies received	
	2009 ACME GTS automobil Antique Shaker corner cabin 1/4 residual share		39 a, sterling silver tea set, appliances	\$26,500.00 19,100.00 38,709.82
⊠ 2	. This is a ☐ partial ⊠ fu	l distribution of my s	hare of the estate.	
□ 3	. This is a full satisfaction of	the claim filed by	in the amoun	nt of \$
□ 4	. This is a distribution of fun	ds to trust. (Identify Trust)	
			•	
			Signat	ure
			Susan Brown Name Printed	or Typed
			100 Second Street	
			Addre	SS
	orm completed by: (Name) Iary Smith		Someplace, WI 51111	
A 5	ddress 55 Blank Street omeplace, WI 51111		January 2, 2012 Date	3
	elephone Number 715) 999-9999	Bar Number (If any) N/A		

STATE OF WISCONSIN, CIRCU	IT COURT, <u>DECEDEN</u>	T'S COUNTY	COUNTY	For Official Use
IN THE MATTER OF THE ESTATE OF Amended				
WILLIAM ELLIOTT, deceased		Estate Rece ☐ Informal Adm ☐ Formal Adm Case No. 11PR111	ministration inistration	SAMPLE
deceased		0000 NO. <u>111 K111</u>	-	
1. I received from the 🛛 pe				e the following:
Cash received by Guardian of	<u> </u>	roperty or monies receive	rea	\$38,709.83
	distribution of my sha	are of the estate.		
3. This is a full satisfaction of	the claim filed by	i	in the amoun	t of \$
4. This is a distribution of fund	is to trust. (Identity Trust)			·
☐ 5. Other:				·
		<u> </u>	Signatu	ıre
		Jacob Jones, Guardian	n of Estate Name Printed	or Typed
		100 Third Street		
			Addres	ss
Form completed by: (Name) Mary Smith		Anyplace, WI 52222		
Address 555 Blank Street Someplace, WI 51111		<u>December 30, 2011</u>	Date	
Telephone Number (715) 999-9999	Bar Number (If any) N/A			

PR-1815, 03/12 Estate Receipt (Informal Administration or Formal Administration) §\$863.41, 865.21, and 867.21, Wisconsin Statutes

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